

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1758

State File No.

FILED FEB 6 1951

BIRTH NO.		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>BROOKFIELD</u>		c. LENGTH OF STAY (In this place) <u>15 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BROOKFIELD</u>		1582	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>704 N. MONROE ST.</u>				d. STREET ADDRESS (If rural, give location) <u>704 N. MONROE ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARYON</u> b. (Middle) <u>P.</u> c. (Last) <u>HOUSE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13, 1951</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>		8. DATE OF BIRTH <u>MARCH 30, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>FORKER, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>ORRIS BOOMER</u>		13b. MOTHER'S MAIDEN NAME <u>PAMELA MIRACLE</u>		14. NAME OF HUSBAND OR WIFE <u>ALVARDO HOUSE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MINNIE COLE, BROOKFIELD, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - hypostatic</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> ANCESTRAL CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis left femoral artery</u> <u>24 hrs.</u> DUE TO (c) <u>Left heart failure</u> <u>1 wk.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u> <u>454X</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct. 19, 1949</u> , to <u>Jan 13, 1951</u> , that I last saw the deceased alive on <u>Jan 13, 1951</u> , and that death occurred at <u>6:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kephw. Bohman, M.D.</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>1-16-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 16, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LACLEDE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LACLEDE, MO</u>	
DATE REC'D BY LOCAL REG. <u>1-17-51</u>		REGISTRAR'S SIGNATURE <u>W. B. Emery</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WRIGHT FUNERAL HOME</u> ADDRESS <u>BROOKFIELD, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 22 1951
DISTRICT HEALTH OFFICE #
District File Number 1-51-
Date Filed: FEB 5 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.